CINZ MENTORSHIP PROGRAMME 2020
MENTEE APPLICATION FORM

SECTION 1: PERSONAL DETAILS

Family name: ______________________ First name: ______________________

Mobile phone: ______________________

Email: ______________________

Date of birth: _____/ _____/ _____ (DD/MM/YYYY)

SECTION 2: EDUCATION DETAILS

Tertiary Qualification: ______________________

Other: ______________________

SECTION 3: CURRENT EMPLOYMENT DETAILS

Job Title: ______________________

Years in Current Role: ______________________

Employer/CINZ Membership Name: ______________________

CINZ Membership Level: ______________________

Employer’s postal address: ______________________

__________________________________________

Manager’s Name: ______________________

Manager’s Title: ______________________

Manager’s Email: ______________________
Previous work experience:

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<tr>
<th>Employer</th>
<th>Position held</th>
<th>Dates of work</th>
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SECTION 4: ADDITIONAL INFORMATION

What are your career interests? __________________________
________________________________________________________________________
________________________________________________________________________

What are your personal interests? __________________________
________________________________________________________________________
________________________________________________________________________

What are your objectives for participating in the CINZ Mentorship Programme?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
What qualities are you looking for in a Mentor? __________________________

__________________________________________

__________________________________________

SECTION 6: PROGRAMME REQUIREMENTS

• Your company must be a fully paid Member of CINZ
• First Training session in Auckland on Thursday 11th June 2020 from 08.30 – 14.00
  COMPULSORY ATTENDANCE
• $100 plus GST Administration Fee paid prior to commencement of the programme
• Your manager must support your application for the CINZ Mentorship programme

By submitting this form you are committing to become part of the CINZ Mentorship Programme and are consenting for CINZ to match you with a suitable mentor. This is dependent on your selection by the CINZ Mentoring Committee as an appropriate mentee for the programme.

Signed: Mentee ______________________________
Signed: Mentee’s Manager __________________________

Return this signed form to Lauren Newbery – lauren@nzconventions.co.nz